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ABSTRACT

Lack of knowledge and misinformation about Acquired Immune Deficiency Syndrome (AIDS), a fatal disease with no cure or vaccine, has caused widespread public concern. Education is an effective way to reduce fears and prevent the spread of the disease. Public school personnel must have accurate information about AIDS in order to make suitable responses and decisions. This digest offers a question-answer sequence that defines AIDS and discusses the cause, prevalence, and transmission of the disease as well as preventive measures, implications for the classroom teacher, and policies regarding children with AIDS and public school attendance. (JD)

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ERIC Digest #16

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CLEARINGHOUSE ON TEACHER EDUCATION

ERIC DIGEST 16

1986

# AIDS: Are Children at Risk?

Lack of knowledge and misinformation about Acquired Immune Deficiency Syndrome (AIDS), a fatal disease with no cure or vaccine, has caused widespread public concern. Education is an effective way to reduce fears and prevent the spread of the disease. (Fulton et al. 1987) Thus, public school personnel must have accurate information about AIDS in order to make suitable responses and decisions. The following question-answer sequence defines AIDS and discusses the cause, prevalence, transmission, preventive measures, and implications and policies for the classroom.

### What is AIDS?

AIDS is a condition that prevents the body's immune system from effectively fighting disease. A person with AIDS is vulnerable to "opportunistic" illnesses such as serious infections.

### What Causes AIDS?

AIDS is caused by a virus called T-lymphotrophic virus, type III (HTLV-III), most recently known as HIV (Human Immunodeficiency Virus). Two other names given to the same virus are lymphadenopathy-associated virus (LAV) and AIDS-related virus (ARV).

### How Widespread is AIDS?

The Centers for Disease Control (CDC) (1986) indicate that 28,098 AIDS cases were reported (27,704 adults and 394 children) and 15,757 of these cases had died as of December 18, 1986. All 50 states, the District of Columbia, and more than 100 of the world's 202 nations have reported cases. The Public Health Service estimates that as many as two million people in the United States are infected with AIDS but are asymptomatic. CDC (1986) estimates that there will be 270,000 AIDS cases in the United States by 1991.

Of the 394 AIDS cases CDC (1986) reported among children under 13 years of age:

1. Seventy-nine percent came from families in which one or both parents had AIDS or were at increased risk for developing AIDS;
2. Eighty-eight percent were under five years old;
3. Twenty percent of those under five years old were white; 57 percent were black; and 22 percent were Hispanic;
4. Fifty-five percent of those under five years old were male.

### Is AIDS Highly Contagious?

The AIDS virus is spread sexually, by the injection of contaminated blood, and from mother to fetus (Sande 1986). "There's no evidence whatsoever that such ordinary activities as shaking hands, coughing, sneezing, or even sharing meals, swimming pools, or toilet seats with infected people present a danger" (Langone 1986). In addition, CDC (1986) states transmission does not occur through insect bites, eating food, drinking water, or environmental contact. Read (1986) notes there has been no AIDS transmission between children.

### Who is at Risk for Contracting AIDS?

Because of the ways AIDS is transmitted, certain groups have an increased risk of developing the disease. These include:

1. homosexual and bisexual men;
2. intravenous (IV) drug users who share contaminated needles;
3. persons receiving blood transfusions;
4. hemophiliacs or persons with coagulation disorders;
5. infants born to infected mothers;
6. heterosexuals with multiple sex partners.

### What Preventive Measures Can be Taken Against AIDS?

The U.S. Department of Health and Human Services (1986) recommends that the following steps be taken to prevent the spread of AIDS.

1. Abstain from sexual intercourse with AIDS patients, members of high-risk groups, or with people who have tested positive for the AIDS virus.
2. Limit or terminate use of IV drugs. If IV drugs are necessary, do not share needles with anyone.
3. Limit the number of sexual partners.
4. People at increased risk for AIDS should not donate blood, organs, or sperm.
5. Do not share toothbrushes, razors, or other implements that could become contaminated with blood.
6. Use condoms or other birth control methods that provide protection against sexually transmitted diseases.

### What Implications of the AIDS "Epidemic" Exist for the Classroom Teacher?

Based on research to date, allowing a child with AIDS to attend public school poses virtually no threat to the other students. Black (1986) maintains that in general, "children with AIDS should be allowed to attend school if they are continent, have no open or oozing lesions, and behave acceptably (they do not bite)."

Price (1986) recommends that children with AIDS be provided access to a school counselor trained in dealing with AIDS patients. The psychological well-being of students with AIDS is threatened and weakened at least as dramatically as their physical condition. Trained counselors can help the students deal with the social and emotional changes that have occurred because of the disease.

Education about AIDS and effective preventive measures should be incorporated into the existing health education curriculum in the schools (National School Boards Association 1986). In the elementary schools, AIDS prevention should be a component in the public/community health unit, covered under infectious disease control. In high schools, AIDS should be a component of the family life/human sexuality unit and discussed with other sexually transmitted diseases (STD). The decision whether to include AIDS in the public health unit or the family life unit in junior high should be based on sexual activities of students locally. If junior high students are, or soon will be, sexually active, an AIDS component must be included in the STD materials. Otherwise, AIDS should be covered as a public health crisis.

### Has Any Policy Been Established Regarding Children with AIDS and Public School Attendance?

The American Academy of Pediatrics Committees of School Health and Infectious Diseases (1986) made the following recommendations regarding children with AIDS attending school.

1. "Most school-aged children and adolescents infected with HTLV-III should be allowed to attend school in an unrestricted manner with the approval of their personal physician. Based on present data, the benefits of unrestricted school attendance to these students outweigh the remote possibility that such students will transmit the infection in the school environment.
2. "Students who lack control of their body secretions, who display behavior such as biting, or who have open skin sores that cannot be covered require a more restricted school environment until more is known about the transmission of the virus. Special education should be provided in these instances as required by PL 94-142.
3. "School districts should designate individuals, including the student's physician, who have the qualifications to evaluate whether an infected student poses a risk to others.
4. "The number of personnel aware of the child's condition should be kept to the minimum needed to assess proper care of the child and to detect situations in which the potential for transmission may increase.
5. "All schools should adopt routine procedures for handling blood or body fluids, including sanitary napkins, regardless of whether students with HTLV-III infection are known to be in attendance.

SP 028 640

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6. "The physician of the student with HTLV-III infection should regularly assess the risk of school attendance to the infected student. Infected students may develop immunodeficiency, which places them at increased risk of experiencing severe complications from other infections.
7. "Routine screening of children for HTLV-III is not recommended."

CDC, the National Education Association, and the National Association of Independent Schools issued similar guidelines. CDC emphasized that each AIDS case should be considered separately by a team of professionals, including the attending physician, public health personnel, the parent or guardian, and school personnel. For infected preschoolers, handicapped children, children with uncoverable and oozing lesions, and other specific conditions that would pose a legitimate risk of spreading the infection, a more controlled environment is preferred rather than the public school classroom.

Seventeen states have adopted AIDS policies that generally recommend that schools use review panels to judge each case (Reed 1986). The guidelines established by the Connecticut State Department of Education, similar to those released by CDC, are regarded as a model by several states because they were developed cooperatively with the State Department of Health.

### Where Can I Get More Information on AIDS?

Further information may be obtained from local and state health departments or by calling the Public Health Service AIDS hotline number: 1-800-342-AIDS (Atlanta area callers should call 404-329-1295). Fulton et al. (1987) list other information sources, including organizations, publications, and audiovisual materials.

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### References

Many of the following references—those identified with an EJ or ED number—have been abstracted and are in the ERIC database. The journal articles should be available at most research libraries. The documents (citations with an ED number) are available on microfiche in ERIC microfiche collections at more than 700 locations. Documents also can be ordered through the ERIC Document Reproduction Service. Call (800) 227-3742 for price and order information. For a list of ERIC collections in your area or for information on submitting documents to ERIC, contact the ERIC Clearinghouse on Teacher Education, One Dupont Circle, NW, Suite 610, Washington, DC 20036, (202) 293-2450.

American Academy of Pediatrics' Committees on School Health and Infectious Diseases. "School Attendance of Children and Adolescents with Human T- lymphotropic Virus III/Lymphadenopathy-Associated Virus Infection." *Pediatrics* 77, 3 (March 1986): 430-431.

Black, J.L. "AIDS: Preschool and School Issues." *Journal of School Health* 56, 3 (March 1986): 93-95.

Centers for Disease Control. "Update: Acquired Immunodeficiency Syndrome—United States." *Morbidity and Mortality Weekly Report* 35, 49 (December 12, 1986): 757-760, 765-766.

Fulton, Gere B., Eileen Metress and James H. Price. "AIDS: Resource Materials for School Personnel." *Journal of School Health* 57, 1 (January 1987): 14-18.

Langone, J. "AIDS Update: Still No Reason for Hysteria." *Discover* 7, 9 (September 1986): 28-47.

National School Boards Association. "AIDS and the Public Schools." *Leadership Reports*, 1 (1986): 49-53.

Price, J.H. "AIDS, The Schools, and Policy Issues." *Journal of School Health* 56, 4 (April 1986): 137-140.

Reed, S. "AIDS in the Schools: A Special Report." *Phi Delta Kappan* 67, 7 (March 1986): 494-498.

Sande, M.A. "Transmission of AIDS: The Case Against Casual Contagion." *The New England Journal of Medicine* 314, 6 (February 6, 1986): 380-382.

U.S. Department of Health and Human Services, Public Health Service. *Facts About AIDS*. Washington, DC: U.S. Department of Health and Human Services, Public Health Service, 1986.

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